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ABSTRACT

Within the mental health treatment field there is an underutilization of services by Asian Americans. Researchers have questioned how to lessen the gap between the number of Asian Americans who need mental health services and the significantly lower number who successfully use these services. A review of current research points out that matching Asian Americans with their therapists by ethnicity, gender, and language increases the measures of therapy effectiveness. It also points out that Asian Americans expect and favor more directive, paternalistic, pragmatic therapies. Asian Americans are also more willing to participate in the mental health treatment of their schizophrenic family members. Studies have discovered that specialized mental health programs that attempt to provide culturally appropriate services increase treatment effectiveness with Asian American clients without compromising the treatment of Caucasian clients. (Contains 55 references.) (JDM)

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REVIEW OF THE LITERATURE ON ASIAN AMERICAN MENTAL HEALTH ISSUES

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REVIEW OF THE LITERATURE ON ASIAN AMERICAN MENTAL HEALTH ISSUES

A Doctoral Research Paper

Presented to

the Faculty of Rosemead School of Psychology

Biola University

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Psychology

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by

Trang Ngoc Le

May, 2001

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ABSTRACT

REVIEW OF THE LITERATURE ON
ASIAN AMERICAN MENTAL
HEALTH ISSUES

by

Trang Ngoc Le

A crisis exists within mental health treatment involving the underutilization of mental health services by Asian Americans. Researchers have been perplexed by the question of how to lessen the gap between the number of Asian Americans who need mental health services and the significantly lower number who successfully use services. The current research shows that matching Asian Americans with their therapists by ethnicity, gender, and language increases measures of therapy effectiveness. Research indicates that Asian Americans expect and favor more directive, paternalistic, pragmatic therapies. Asian Americans were also found to be more willing than were Caucasians to participate in the mental health treatment of their schizophrenic family members. Lastly, studies have discovered that specialized mental health programs that attempt to provide culturally appropriate services increase treatment effectiveness with Asian American clients without compromising the treatment of Caucasian clients. Bilingual and bicultural Asian American staff in clinics close to major Asian American communities offer these services.

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REVIEW OF THE LITERATURE ON ASIAN AMERICAN MENTAL HEALTH ISSUES

Introduction

Since 1960 the Asian American population has grown by more than 100 % every decade and grown from being fewer than 1 million to greater than 8.5 million (Lin & Cheung, 1999). In response to this growing population in the United States and the increasing need for mental health services (Leong, 1986), mental health professionals have struggled to increase their understanding of culturally sensitive service to this unique populace. In the past, Asian Americans were believed to have a unique ability to acculturate to American society and adjust to life's difficulties. They were therefore thought to need fewer mental health services (Sue & Morishima, 1982). More recent studies have proven this belief to be false and confirmed the fact that Asian Americans are in need of mental health services (Chung & Okazaki, 1991; Gong-Guy, 1987; Leong, 1986; Westermeyer, 1988). Therefore the underutilization of mental health services by Asian Americans in comparison to other Americans has pushed mental health professionals to theorize and research about the forms of counseling that would meet the needs of this population.

In 1986 Frederick Leong wrote a thorough review of the research literature on

counseling and psychotherapy with Asian Americans. This review revealed some key issues that are involved in the mental health treatment of Asian Americans. It addressed issues related to the diagnosis and psychometric testing of Asian Americans and highlighted client and therapist variables that affect the treatment of Asian Americans. Leong talked about how training programs may inadequately prepare therapists to treat Asian Americans, gave an analysis of the process and treatment outcome of therapy which involved Asian American clients, examined case study material done on Asian Americans, and ended by discussing research ideas that would further the understanding of the mental health treatment of Asian Americans. Literature reviews like this that bring together research and other clinical material that involve the examination of effective mental health treatment of Asian Americans are essential in furthering understanding of how effectively to intervene with Asian Americans. Such reviews provide access to information that aids in pinpointing issues that need to be addressed or changed to decrease underutilization of mental health services by Asian Americans and increase the efficacy of mental health treatments. The goal of this paper is to examine historical and recent research that contributes to cultural awareness of issues related to mental health treatment for the Asian American clientele.

Before delving into a review of the literature on the mental health treatment of Asian Americans, it is important to note that the Asian American population in the United States is diverse and complex. Considered within this population are many ethnic groups. There are the Chinese Americans, Japanese Americans, Korean Americans, Filipino Americans, Cambodian Americans, Laotian Americans, Vietnamese Americans,

Pacific Islanders, and Americans who have ethnic ties to India, and many other cultural groupings that make up the Asian world. The variety of cultural backgrounds within the Asian American population is part of what makes this ethnic group so complex, but the complexity increases with examination of the intricacies of Eastern philosophies, values, religions, and traditions in relation to the Western philosophy that makes up the American half of Asian American.

To understand such a diverse and complex population of people seems overwhelming and even impossible at times, and perhaps any effort to generalize about this population will seem simplistic and will fail to capture many unique aspects within this group. In an effort to increase understanding on how better to respond to the Asian American population as mental health professionals, this writer will assume that generalizations can be made about this population and that commonalities can be found. Furthermore this writer recognizes that these generalizations may out of necessity ignore some of the uniqueness of each Asian American group.

Methodological Considerations

Before examining the individual research studies pertaining to the mental health treatment of Asian Americans, it is useful to review concerns related to the methods utilized by the researchers. Many of these studies have similar methodological considerations that affect the generalizability, reliability, validity, and/or applicability of their results. Instead of repeatedly mentioning these shared considerations, this section attempts to present common methodological concerns found in the research involving

Asian American mental health treatment and discuss how these concerns may affect the strength of the research findings.

Sampling

Much of the research reviewed in this paper has limited generalizability to the entire Asian American population. This is linked to the limited representation of the full range of Asian Americans within this population in the research done on Asian American mental health issues. In general, the research performed thus far has been done on Asian Americans living predominately in only a handful of areas in the United States (California: Los Angeles, San Francisco; Washington: Seattle; and Hawaii: Honolulu) and therefore may not apply to Asian Americans living in other regions of the United States. The areas of the United States in which much of the research was done possess a high rate of Asian Americans that often creates a unique sub-culture. Asian Americans who do not live among many other Asian Americans may not experience this subculture. This difference may make it inappropriate to apply the research done in areas with a high number of Asian Americans to Asian Americans living in more ethnically isolated areas. However, these are also locations for which the research is especially valuable because the concentration of Asian Americans makes provision of culturally sensitive mental health services both feasible and urgent.

Although there is a wide range in the ethnic origins of Asian Americans, most of the research includes primarily Chinese and Japanese Americans subjects. In light of the particular characteristics of differing Asian American groups, the lack of representation of a wider range of Asian American ethnic groups within the research puts into serious

question whether the studies truly display results that could be applied to Asian Americans in any general sense.

In addition to this, many of the studies performed on Asian Americans used college students as their subjects. Researchers commonly do this because of the availability of college students as research subjects. Despite the practical reasons behind the use of college students, it should be noted that college student populations tend to be between 18 and 25 years old, possess more intellectual resources, have more education, and live within a unique subculture. These factors make them a distinct group and hinder the extent to which results from studies done on them will apply to much of the Asian American population in need of mental health services. For example, a large population of Asian Americans who might need services includes those who would be considered refugee populations (those who were forced to leave their homelands). This population has high incidences of Post Traumatic Stress Disorder, Depression, and adjustment difficulties. Because most of those affected are older and/or unlikely to attend college (due to lack of funds and knowledge of the English language) this important population of those needing treatment would not have been sampled in the research involving college students, and this research would be less likely to help understand their characteristics and needs.

In conclusion, questions about the generalizability of the research exist due to the limited regions studied, the focus on mostly Chinese and Japanese Americans, and the inclusion of many college student study populations. In spite of these serious questions about the research, it should be noted that practical issues involved as well as the known

common and unifying aspects of Eastern culture and Asian identity makes the question about the samples used more understandable and less threatening to the applicability of the studies.

Psychometric Instruments

Because many of the psychological tests and measures used in the research on Asian Americans were created for and normed on Caucasian clients, the appropriateness and validity of their use on Asian Americans is uncertain. Due to the lack of well-researched psychological scales that have been normed on Asian Americans, it is understandable that research studies have not been able to obtain and utilize tests with appropriate Asian American norms. Although the use of these measures is understandable, it is necessary to keep in mind that the psychological measures used in the research may not be appropriate for the Asian American population and may not provide accurate and valid results when applied to this minority group.

In many of the studies the qualities of the measurement tools used by the researchers were never mentioned, leaving the reliability and validity of these measures unknown and making the results obtained from them more questionable. The studies also often used factors obtained from running factor analyses on the basic assessment tool utilized. This in itself is acceptable, but not without also providing the reliability and validity of these extrapolated factors. Without reliability and validity information about the extrapolated factors, the results and conclusions made based on the factors are more questionable.

Acculturation

Another complication involved in the research reviewed in this paper on Asian Americans is that the research often failed to delineate how acculturation levels of the Asian American subjects may have influenced research results. Although acculturation levels were presented or referred to by explaining the number of years the subjects had lived in the U.S. or their generational status, many of the articles failed to discuss how acculturation levels may have affected the results and how further acculturation of the Asian Americans studied may affect research outcomes. This was a notable and commonly neglected issue, but one that seems significant in discussing how the research applies to Asian American populations at different levels of acculturation.

Review of the Literature

As stated in the introduction, in an effort to further the understanding of mental health issues involving Asian Americans, historical and recent literature concerning Asian Americans will be reviewed. First a review of Dr. Leong's work will be presented. The paper then goes on to perform a unique and in-depth review of empirical articles and other clinically relevant material that concerns the effective mental health treatment of Asian Americans.

The examination of the research begins with looking into studies performed on the mental health needs of Asian Americans, the underutilization of mental health services by them, and the unique mental health needs of Asian Americans based on culturally specific patterns of illness and philosophical beliefs. It then goes on to examine

literature that speaks of the research analysizing key issues that have been thought to influence the efficacy of mental health treatment done with Asian Americans. These issues include the following: (a) the matching of client and therapist on the dimensions of ethnicity, gender, language, and values; (b) understanding the therapy expectations of Asian Americans; (c) how orientations of treatment may affect therapy efficacy with Asian Americans; and (d) the role of family involvement in Asian American treatment. The paper's final section will examine research that concerns how to provide culturally responsive and effective mental health treatment for Asian Americans.

Summary of Leong's Review

The literature review by Frederick Leong (1986) began by discussing issues related to the proper psychological diagnosis of Asian Americans problems. He wrote about the somatization of psychological problems by the Asian American population, cultural bias on the part of therapists in diagnosing Asian Americans, the negative distortions that result when language interpreters are used in diagnosing Asian Americans. Leong cautioned against over-interpreting the results of clinical and personality tests given to Asian Americans when the norms were done on Caucasian samplings. Dr. Leong then went on to talk about important client and therapist variables involved in the psychological treatment of Asian Americans.

Client variables. Under client variables, Dr. Leong reviewed literature that addressed an Asian American preference for problem solving over insight oriented therapy based on findings that Asian Americans like more structured situations with practical solutions to problems and have less of a tolerance for ambiguity than

Caucasians. He also cited literature showing that Asian Americans tend to exhibit characteristics contrary to the personality traits therapists tend to teach. Asian Americans tend to show less verbal and emotional expressiveness and to be more submissive, reserved, anxious, affected by feelings, socially precise, suspicious, and group dependent than their Caucasian counterparts. In contrast, therapists often expect Asian Americans to display emotional openness, psychological mindedness, individuality, and assertiveness. Leong examined research findings on levels of acculturation and found that later generations of Asian Americans exhibit behaviors and values that are more similar to those of Caucasian Americans than to those of their parents and grandparents. He also found that Chinese American women acculturated faster than Chinese American men. Leong examined research which indicated that being more acculturated to American society seems to make Asian Americans more willing to engage in therapy for issues related to personal growth than more traditional Asians (Japanese American clients were twice as willing, 38%, to come to therapy for personal growth than Japanese clients,19%, Murase, 1983).

In his literature review, Leong (1986) discussed the important role family may play in the mental health treatment of Asian Americans based on social science findings that emphasize the central role of family on the mental health of Asian Americans. He also reviewed the literature on Asian American client expectations and discovered that Asian students view counseling as directive. Leong found that Asian Americans more often viewed their counselors as more credible or competent if the counselor was an Asian American rather than Caucasian. He further hypothesized that discrimination,

racism, and immigration experiences may play a part in the mental health needs of Asian Americans.

Therapist variables. In examining therapist variables, Leong (1986) highlighted research indicating that cultural differences between therapist and Asian American client may result in less effective treatment. He concluded that issues such as therapist's cultural bias, training bias, therapist's insufficient intercultural skills, and lack of culture specific knowledge may hinder a therapist's ability to work effectively with Asian Americans. Leong quoted research done by Bloombaum, Yamamoto, and James in 1968 that examined the degree of cultural stereotyping displayed by 16 practicing psychotherapists. After using structured interviews to look at stereotyping, the researchers found that the degree of cultural stereotyping shown by these psychotherapists toward Mexican-Americans, African Americans, Chinese Americans, Japanese Americans, and Jews was similar to that found in the general population. He also noted that biases therapists often have against minority and lower class groups in general may affect their work with Asian Americans.

He proceeded to examine how the training that therapists received may not have prepared them effectively to work with Asian Americans. Leong (1986) examined Sue's (1977) belief that there are basic characteristics and assumptions inherent in the Western models of therapy that conflict with Asian culture. A discrepancy between the needs of Asian Americans in treatment for culturally sensitive treatment models and what therapists have been trained to provide clients may be created by current training methods. Values taught in training which contradict with Asian American treatment

needs include the following: the strict use of standard English in treatment models, class-related values such as promptness and strict adherence to time schedules, unstructured approaches to treatment, culture influenced ideology such as the value of individuality over group or family harmony, and verbal and emotional expressiveness. Leong also expressed concern that insufficient intercultural skills and cultural knowledge may make counselors less effective with Asian American clients than Caucasian American clients, although he stated that this issue had not been studied using empirical methods.

Treatment. In a final section of Leong's (1986) literature review, he highlighted research concerning the process of therapy treatment and the outcome of therapy treatment for Asian Americans. He admitted that the results of studies he reviewed on the process and outcome of therapy with Asian Americans seemed to conflict. Regarding the process of treatment, he noted that Sue and McKinney (1975) who reviewed the records of community mental health centers in Seattle, Washington, and Kinizie and Tseng (1978) in Honolulu, Hawaii, found no evidence of differential treatment of Asian American clients. However, Yamamoto, James, and Palley (1968) found that Asian American clients received less intensive psychotherapy treatments. Leong indicated that Yamamoto, James, and Palley's findings were more consistent with the general research findings of others who study the psychotherapy process of minority and low-income clients (Acosta, Yamamoto, & Evans, 1982). He cited a study done by Matsushima and Tashima (1982) who found through surveying mental health treatment modalities that therapists tend to prefer using structured and interpretive styles when working with Asian American clients and were least likely to use authoritative and confrontative styles with

these clients. In these findings Leong noted an inconsistent scattering of results that lacked clear conclusions.

When Leong (1986) examined treatment outcomes for Asian Americans, he discovered more consistent findings. Asian Americans had a greater dropout rate (52%) than did Caucasian Americans (29.8%). The research also indicated that Asian American clients were seen for fewer sessions ($\underline{M}$ = 2.35) than were Caucasian clients ($\underline{M}$ = 7.78). Leong discussed research done at a California university counseling center where 73 Asian American students were asked to evaluate their treatment. In comparison to Caucasian clients, the Asian American clients rated their counseling for personal, social, and emotional concerns as less effective, viewed their therapist as less competent, were less willing to return to their counselors, and used fewer therapy sessions ($\underline{M}$ = 3.49) vs. ($\underline{M}$ = 5.88). Overall the research reviewed by Leong seemed to indicate that the therapy outcome for Asian American clients is poor as evidenced by the higher number of premature terminations, fewer number of sessions attended, and lower level of satisfaction with services that were received as compared to Caucasian counterparts.

Case studies. After examining the empirical studies done on the mental health treatment of Asian Americans, Leong (1986) went on to discuss a review of case study material on Asian American clients. He highlighted clinical observations of how incompatibilities of Oriental-Occidental values often create psychological conflict for Asian Americans and that these conflicts often end up playing a key role in their clinical issues. Leong stated that many researchers have noted that the Asian American ethnic identity is a dual, conflict ridden one that often is talked about during the therapy process

of Asian American clients.

Leong (1986) also discussed theories based on clinical judgment concerning the possible negative outcome of group therapy for Asian American clients. This negative prediction of group therapy effectiveness with Asian American clients is based on the belief that there would exist for the Asian American client inherent conflicts between the demands and values of the group therapy process and Asian American values (verbal restraint, a low level of emotional and behavioral expressiveness, reserve and reluctance to self disclose with strangers). This conflict was said to be intensified when group leaders fail to be sensitive to these Asian American values and expect or pressure Asian clients to behave in culturally inconsistent ways. This pressure may cause the Asian American client to withdraw further or to terminate group therapy prematurely. Leong reviewed a study of community mental health clinics indicating that significantly fewer Asian Americans participate in group therapy (3%) than do Caucasians (12%). At the end of his analysis of case study material on Asian American clients, Leong noted that subgroups of this population (the elderly, immigrants, Asian wives of American servicemen, unemployed Asian Americans) are at a greater risk for suffering from a mental illness than are other Asian Americans.

Research expansion. In the final section of his literature review, Leong (1986) addressed ways in which research on Asian American mental health issues could be expanded. He discussed the methodological problems that the research on Asian Americans mental health issues tends to have. Many of these problems still exist and were mentioned in the Methodological Considerations section of this paper.

To address problems with using Caucasian norms on Asian Americans in psychological testing analysis, Leong (1986) called for developing Asian American norms for these tests through research. He also advocated researching how limited English ability may affect the clinical situaion for Asian Americans. In the domain of client variables involving Asian Americans, Leong urged that studies be performed to help understand how racism may affect the mental health and treatment of Asian Americans, how acculturation affects mental health, how counseling expectations play into Asian American treatment, and how Asian American personality characteristics affect therapy process and outcome. Leong stated that further research needed to be performed to investigate these concerns and to discover how to remedy them. This research would also involve discovering what therapy treatments best suit Asian American clients. This paper is written to update, expand upon, and deepen the richness of information provided by Leong.

Asian American Mental Health Service Need, Use, and Outcome

The current concern about the mental health services available to Asian Americans is based on three issues. The first issue is that the need for mental health services by Asian Americans is real. The second issue is that these services are not being adequately utilized by Asian Americans. The third issue is that when these services are used their outcome is often less successful than those experienced by Caucasian Americans. The following section reviews these three issues involving Asian American mental health services.

Need. To provide a clear rational for why it is important to address the issue of offering effective mental health treatments for Asian Americans one must recognize that Asian Americans are not especially invulnerable and do indeed need mental health services. Although much of the research establishing this is dated and therefore may not be representative of all current mental health needs of Asian Americans, it may be useful in combating the longstanding myth about Asian Americans being less susceptible than others to mental illness. Surveys of mental health needs in the late 1970s showed that Asian Americans have a level of high mental health need (Kim, 1978; Peralta & Horikawa, 1978; Prizzia & Villanueva-King, 1977). Mid- to late 1980s studies indicated that Southeast Asian refugees and immigrants have extremely high levels of depression and other disorders (Chung & Okazaki, 1991; Gong-Guy, 1987; Westermeyer, 1988). Research involving Asian American college students displayed this group struggling with major adjustment problems (Leong, 1986).

Underutilization of services. The fact that Asian Americans have significant mental health needs becomes more disconcerting when the level of underutilization of mental health services is also examined. A study of Asian American use of mental health treatments (Leong, 1994) indicated a low level of use of psychological facilities by this group. A study of archival data on the inpatient and outpatient community mental health system in Hawaii indicated that Chinese Americans, Filipino Americans, and Japanese Americans utilized mental health services less than expected in light of their representation in the Hawaiian population (for inpatients: Chinese Americans observed frequencies = 11, expected frequencies = 25; Filipino Americans observed frequencies: 31, expected frequencies: 52; Japanese Americans observed frequencies: 56, expected

frequencies: 103, $\chi^2[1, N = 702,303] = 84.84, p < .001$; for outpatients: Chinese Americans observed frequencies = 61, expected frequencies = 147; Filipino Americans observed frequencies = 264, expected frequencies = 308; Japanese Americans observed frequencies = 315, expected frequencies = 619, $\chi^2[3, N = 705,235] = 431.65, p < .001$). The study found that Chinese and Japanese Americans underutilized both inpatient and outpatient services, Filipino Americans underutilized inpatient care.

To be able to compare the study's results to other studies performed, Leong converted his results into utilization percentages by taking the number of actual cases and dividing it by the number of possible cases and multiplying the result by 100. He discovered inpatient utilization percentages for Chinese subjects equaled .02%; Japanese subjects equaled .02%; Filipino subjects equaled .03%, as compared to Caucasians subjects which showed a .07% of use. Outpatient utilization percentages were .11% for Chinese subjects, .14% for Japanese subjects, .23% for Filipino subjects, and .41% for Caucasian subjects.

This study is consistent with an earlier study done in Washington state (Sue & McKinney, 1975) that found that Chinese Americans, Filipino Americans, and Japanese Americans under use outpatient mental health services. Japanese Americans make up 1.2% of the community, but are only 0.1% of the patient population. Chinese Americans make up 0.6% of the community, but are only 0.1% of the patient population. Filipino Americans make up 0.6% of the community, but are also only 0.1% of the patient population. General research concerning the utilization rates of mental health services by minority children and adolescents are similar to those found for minority adults and seem

also to indicate that Asian American youths are underrepresented in the mental health system (Bui & Takeuchi, 1992).

Leong (1994) used a large data set that involved real clients within an actual mental health setting. Utilizing actual clients in a clinical environment provided the study with ecological validity. The archival data were based on institutional records. A concern about the archival data set used in this study was that it was a combination of information gathered from 1972 through 1980. Consequently any temporal effects and historical changes within this data set would be masked by lumping together the records into one data set. Also the study's use of categorical data would not allow for the use of more powerful, parametric statistics. Overall the descriptive data and results obtained in the study provided important information about utilization rates by Asian Americans, yet it could not contribute to an empirical examination of the possible causal factors involved in under use.

Poor treatment outcomes. Not only has it been found that Asian Americans are in need of services and under use mental health services, but research (Zane, Enomoto, & Chun, 1994) also seems to indicate that when Asian Americans seek outpatient therapy it is less helpful to them than to White Americans. Data collected from a San Francisco community based outpatient clinic were analyzed comparing outcome measures for bilingual Asian American clients (n = 20; Chinese American = 16; Filipino American = 2; Japanese American = 1; Thai American = 1) versus White Americans (n = 65). Data included two client rating scales (Client Satisfaction Questionnaire and Symptom Check list) and two therapist ratings scales (Brief Rating Scale and Global Assessment Scale).

Measurements were elicited at pretreatment, post-treatment and after the fourth session. Zane, Enomoto, et al. discovered that Asian American clients were less satisfied with their treatment on all five satisfaction indices (less satisfied with progress in treatment, their therapists, the overall services received, access to services, and fee for services). Results showed significant differences between the Caucasian group and the Asian American group on post treatment satisfaction measures (beta weights of predictors of client satisfaction indices based on ethnicity as outcome predictor; treatment beta = -.29, $p < .05$; therapist beta = -.29, $p < .05$; service beta = -.40, $p < .01$; excess beta = -.36, $p < .01$; fee beta = -.36, $p < .01$.)

Asian American clients also reported greater depression (beta = .20, $p < .05$, and hostility, beta = .44, $p < .001$) after four sessions of therapy than did White American clients. Asian American ratings of anxiety also tended to be higher, but this difference only approached significant levels. These results were discovered after controlling for possible confounding variables that were also identified as potential predictors of outcome: pretreatment level of severity, socioeconomic status, and client and therapist pretreatment attitudes. Ethnicity, in fact, appeared as the most important predictor of client satisfaction, and these other possible predictors displayed no significant effects on any of the satisfaction indices. This study additionally found that Asian Americans were considered less suitable for therapy than Caucasians by their therapist after one session, (beta = -.23, $p < .05$.)

It is important to note some of the possible limitations of this study. Because the study's subject pool was made up of mostly English speaking second generation Chinese

Americans, the ability to generalize its results to other Asian American populations is limited. On the other hand, the subject pool used tends to be more acculturated than other Asian American groups (such as those who do not speak English and are immigrants or first generation Americans). The use of a more acculturated subject group allowed for a study with a more conservative test of cultural influences in which there would most likely be less intense cultural differences between the client and therapist. This would lend to less significant problems in treatment outcome. The fact that significant treatment outcome problems were found in this more acculturated group indicates that perhaps even poorer treatment outcomes would be the result for less acculturated Asian Americans.

Another limitation of this study was caused by the nonrandom assignment of client to therapist that did not allow for the control of individual therapist effects. Client and the treating therapist both assessed treatment outcomes in this study. Being able to use a non-participant observer rating would provide for data that would be more independent of factors related to social and psychological influences caused by being directly involved in the treatment.

A final critique of this study involved its examination of only short-term effects of treatment. Ethnic differences in treatment outcome could change over the course of treatment when rapport and treatment benefits increase.

Factors Related to Treatment Efficacy

The underutilization and the lower effectiveness of outpatient and other forms of mental health services offered to the Asian American population perplexes mental health professionals. This concern about the use of mental health services by Asian Americans

has begun a series of empirical and theoretical writings on how to increase both utilization and efficacy of mental health treatments for Asian Americans. Studies isolated possible factors that may influence both utilization and efficacy of mental health treatment for Asian Americans. This paper reviews how matching therapist with client on dimensions such as ethnicity, gender, language, and values may influence efficacy of treatment. Acculturation as a factor in how effective mental health treatment will be for Asian Americans is also discussed.

Ethnic match. The effect of ethnic match for Asian Americans on mental health treatment was examined as early as 1978 by Atkinson, Maruyama, and Matsui. These researchers investigated whether Asian Americans would view a counselor who is ethnically similar to them as being more credible than a Caucasian counselor. They tried to answer this question by asking Asian American university students to review a tape-recorded therapy session about a client who had career goals that differed from those of his parents. The researchers recruited volunteers from an Asian American Studies Program and an Asian American Educational Opportunities Program (n = 24 men, n = 28 women, with mean age of 21, most students were either Chinese Americans, or Japanese Americans with a small majority of Korean, Filipino, and mixed ancestry of Asian Americans).

The experimenter introduced the counselor as an Asian American under one experimental condition while under another condition the subject was told that the counselor was a Caucasian American. Comparisons of subject response to the Asian American labeled versus Caucasian labeled therapist was based on identical scripted

audio taped therapist-client interactions.

The subjects rated the counselor using a seven-point scale called the Counselor Effectiveness Rating Schedule. Using an analysis of variance on the ratings with each of the five items of the CERS, significant effects based on the counselor's Asian American ethnicity were found on all five dependent variables: comprehension of the problem, $F = 13.89$, $p < .001$; knowledge of psychology, $F = 7.71$, $p < .01$; willingness to help, $F = 40.45$, $p < .001$; someone I would go to see, $F = 33.34$, $p < .001$; ability to help, $F = 17.19$, $p < .001$. This study indicated that Asian American counselors were viewed as more credible and useful to Asian American clients. It supported the notion that ethnic match does aid in creating a more effective therapy situation for an Asian American client. A client's view of a therapist's credibility and utility are essential aspects in creating rapport, trust, and motivation. All these factors are known to contribute to therapy effectiveness.

It is important to note that this study was repeated (Atkinson, Maruyama, & Matsui, 1978) with a group of Japanese Americans ($N = 48$, 21 men, 27 women mean age of 19.5 yrs., members ranged from high school to college graduate) who were members of the Young Buddhist Association. In this second study, significant differences between ratings of credibility and usefulness for the Caucasian versus Asian labeled therapist were not found.

Because this study was done on subjects not seeking treatment, the question of how much it applies to actual clients seeking clinical treatment needed to be asked. The study's applicability to real clinical situations was also limited by the fact that clients

rated counselor credibility and usefulness based on audio taped performances and not on real therapy interactions with the counselor. Although the research was meant to reveal information about the perceived efficacy of an Asian American versus Caucasian counselor, the CERS, which measures perceived counselor credibility and usefulness may not legitimately make statements about treatment efficacy or outcome. The validity and reliability of the CERS was never addressed in the article and the measure seems more to be used because of its theoretical face validity than on researched validation of its ability to measure counselor credibility and usefulness.

Recently published research performed by Yeh, Eastman, and Cheung (1994) on the Los Angeles County Mental Health System examined whether ethnic and language match between child and adolescent clients and their therapists affected dropout rates after one session and the total number of sessions attended. Dropout rates and the number of total sessions attended were used as indicators of treatment responsiveness. The study examined the effect of ethnic and language matches of Mexican American (n = 1,498), African American (n = 1,219), Caucasian American (n = 996), and Asian American (n = 903) children and adolescents. This research project discovered that while no significant results were found for the children groups, adolescents who were ethnically matched with their therapist were found to be less likely to dropout of treatment, $p < .0001$, attended more sessions, $p < .0001$, and had higher functioning scores at discharge, $p < .05$. Upon further analysis the study found that Mexican American and Asian American adolescents benefited most greatly from the match. Ethnic match for Mexican American and Asian American adolescents significantly predicted both dropout and the total number of

sessions whereas ethnic match for African American adolescents significantly affected only dropout rate, $p < .01$. Ethnic match was found not to be a significant influence on treatment dropout or length for Caucasian American youths.

When this result was further examined, the researchers discovered that language was the true influential factor for Mexican American adolescents; language and ethnic match resulted in significantly lower dropout, $p < .05$, and higher total number of sessions, $p < .01$. In contrast ethnic match regardless of language match for Asian American adolescents was the significant factor in lessening dropout rates, $p < .0001$, and increasing the total number of sessions attended, $p < .0001$. Ethnic match in this study meant that specific Asian American ethnic group clients were matched with the same specific Asian American ethnic group counselor. For example, a Korean client matched with a Korean therapist was considered an ethnic match in this study whereas a Korean client placed with a Chinese therapist was not considered an ethnic match, even though both the Korean and Chinese people in the match fell into an Asian American category. In critiquing this research study it is important to note that the multiple regression performed on the continuous variable, length of treatment, yielded small R^2 scores and therefore findings concerning length of treatment should be interpreted with caution.

Fujino, Okazaki, and Young (1994) found that ethnic match had significant effects on the success of mental health treatment of Asian American women. The researchers focused on female adult Asian American clients: 274 Chinese; 218 Japanese; 197 Korean; 214 Filipino; 230 Southeast Asian, $n = 1,132$. They included Asian American men, $n = 800$, Caucasian women, $n = 1,568$, and Caucasian men, $n = 1,264$, as

comparison client groups. The researchers used data from the Los Angeles County Department of Mental Health and utilized regression analysis to determine if matches affected client satisfaction (measured in this study by premature termination and length of treatment), therapist's assessment of client functioning (measured by diagnosis and general functioning at time of admission), and treatment outcome (measured by general functioning at discharge after controlling for initial functioning). Ethnic match in this study was defined as a client's primary therapist being of the same ethnic background as the client (Korean client with Korean therapist, Southeast Asian client with Southeast Asian therapist).

Variables in this study were combined to create four groups: gender and ethnic match, ethnic match only, gender match only, and no match of gender or ethnicity. Tests for significance of difference between proportions at the $p < .005$ significance level displayed that being matched on gender and ethnicity resulted in the lowest dropout rate after one session, 0.6%; then came the ethnic match only group, 5.8%; after that the gender match only group, 10.1%; and the highest dropout rate was found for the no match group, 18.0 %.

The researchers used a logistic regression analysis to determine the effects of the match on premature termination while controlling for covariates (age, marital status, Medi-Cal assistance, language ability, referral sources, therapist discipline, diagnosis, admission scores of functioning: Global Assessment Scale [GAS]). The findings from this analysis displayed that matching on ethnicity and gender, $p < .0001$, and on gender alone, $p < .001$, significantly reduced the number of Asian American female clients who

prematurely terminated. Asian women clients treated by ethnically matched women therapists were 20 times less likely to drop out of therapy whereas Asian women matched with a women therapist were half as likely to drop out of treatment.

When Fujino et al. (1994) examined how match affected length of treatment, they found that the mean length of treatment also varied depending on match group. They discovered that ethnic and gender match was linked to the longest involvement in treatment by Asian American women, mean of 11.4 sessions, whereas ethnic match resulted in an average of 9.6 sessions, gender match showed a mean of 7.4 sessions, and the no match group attended an average of 7 sessions. After controlling for covariates, the ethnic and gender matched group predicted a longer duration of treatment when compared to the no match group, $p < .05$.

The researchers examined differences in therapist assessments and found that the ethnic and gender matched therapist and the ethnically matched therapist assigned higher mean admission GAS scores to their patients than non-matched therapists, ethnic and gender matched mean GAS $\underline{M} = 44.9$; ethnic match mean GAS $\underline{M} = 46.1$; no match mean GAS $\underline{M} = 39.7$. After controlling for other variables using a multiple regression analysis, ethnic and gender match and ethnic match continued to predict higher mean admission GAS scores, ethnic and gender match $p < .05$, ethnic match only $p < .01$.

It is notable that ethnic and gender matched predicted lower mean GAS scores than ethnic match alone. The study did not provide an explanation for this unexpected result. Because gender match in this study focused on women being matched with women, it is possible that the effects of gender matching of women may have yielded

lower initial functioning scores. Women may often believe more strongly in other women's complaints about an inability to function or cope with emotions and therefore rate a women client lower on initial functioning. Higher mean GAS discharge scores were also linked with ethnic and gender match (50.5) and ethnic match (51.5), but this finding did not prove to be significant once a multiple regression analysis controlled for the effects of the client's initial functioning level (admission diagnosis and GAS score).

Although the study did not focus on ethnic or gender match for Asian American men. It did discover that matching did have an influence on session duration, admission, and discharge GAS scores for Asian American men. Asian American men matched with an Asian American female therapist, ethnic match only, predicted a longer involvement in treatment after controlling for covariates, beta weight = .16, $p < .01$, and a higher final GAS scores, beta weight = .10, $p < .01$. Ethnic and gender match for Asian American male clients predicted higher admission and final GAS ratings by their therapists after controlling for covariates, admission GAS beta weight = .16, $p < .001$; final GAS beta weight = .09, $p < .05$. It is interesting to note that in this study when therapist discipline was entered as a predictor variable in the regression analysis, this variable was not significantly related to premature termination or length of treatment whereas match was discovered to be a significant predictor of both (and therefore predicted greater client satisfaction) subsequent to controlling for therapist discipline.

It is important to point out that language could likely be a confounding variable that would prove to lessen the impact of ethnicity or gender on treatment efficacy and emphasize the obvious importance of client and therapist who speak the same language.

Fujino et al. (1994) tried using a post hoc analysis to examine a possible relationship between language, ethnicity, and gender with treatment outcome. Unfortunately the small sample size in each cell and the nonrandom assignment of clients to various treatment conditions restricted statistical analysis so greatly that the statistics could no longer control for the effects of other variables.

Although the GAS scores in this study were used to measure client's severity of mental illness at admission and at discharge (GAS's intended use), the GAS was also utilized as an indirect measure of client's needs for public funding for mental health disability. Although using the GAS as a measure of mental illness severity was proven to have high levels of reliability and validity in clinical research studies (Endicott, Spitzer, Fleiss, & Cohen, 1976; Sohlberg, 1989), the extended use of this measure in the study may put its reliability and validity in question.

More dated research (Atkinson et al., 1978) found that ethnic similarity (being Asian American) influenced beliefs about therapists' credibility and usefulness. Fujino et al. (1994), and Yeh et al. (1994) as well as Atkinson et al. (1978), found that ethnic match influences initial client satisfaction with treatment, factors related to rapport (trust in the therapist, belief about therapist's ability to help) and their willingness to continue in treatment. Atkinson et al. (1978) also indicated that Asian American therapists are more able to understand how culture may play into the Asian American client's symptoms at admission and lead them to rate Asian Americans as less maladjusted at admission.

These studies have not been able to demonstrate that ethnic match directly influences therapy effectiveness, but researchers highlight that preventing premature

termination of treatment and creating a scenario where Asian American clients are more willing to stay in treatment significantly contribute to providing more effective therapy for Asian Americans. They note that premature termination and poor treatment outcome due to shorter treatment stays are major factors involved in producing ineffective therapy treatments within the Asian American community (Zane, Enomoto, et al., 1994) and believe that since ethnic match helps reduce the effects of these two intervening factors ethnic match may also increase the curative effect of therapy. Underutilization is a major concern for those trying to provide mental health treatment for Asian Americans and increasing initial client satisfaction, the belief in a therapist's credibility, and being able to keep Asian Americans involved in treatment longer may also help to significantly decrease this underutilization.

Gender match. Although research seems to indicate that ethnic match plays the more powerful role in affecting the treatment of Asian Americans, the study done by Fujino et al. (1994) also indicates that gender match influences treatment. Joint ethnic and gender match produced the lowest dropout rate, the longest duration of treatment, and predicted higher mean admission GAS scores for female Asian American clients. Gender match alone significantly reduced premature terminations for Asian Americans women even after controlling for the effects of covariates. For Asian American men, joint ethnic and gender match predicted higher admission and final GAS ratings by their therapists after controlling for covariates, admission GAS beta weight = .16, $p < .001$; final GAS beta weight = .09, $p < .05$. This research study indicated that gender match deserves some consideration in addition to ethnic match when examining how to create a

helpful treatment scenario for the Asian American client.

Language match. The language match between the therapist and an Asian American client may also significantly influence the efficacy of mental health treatment for Asian Americans. Every language holds meaning and can express subtle differences in ideologies and beliefs that may be important in understanding the cultural paradigm of a client. Providing a language match for Asian American clients may facilitate a level of insight that increases therapy effectiveness.

Chang (1985) observed that Asian cultures use gestures of affection (providing goods and services to meet the material needs of a loved one) and metaphors to convey connection and caring more often than Westerners. Easterners depended less on direct, verbal expressions of affection or care than western cultures. She labeled this a different "language of emotion." This subtle difference is likely to be reflected in the language used by Asians. Researchers questioned whether differences in the language of emotion can affect the ability to build rapport and develop a working alliance in the initial stages of treatment (Kokotovic & Tracey, 1990) and therefore influence the overall effectiveness of therapy with Asian Americans.

Researchers have examined how language match may aid in increasing treatment effectiveness for Asian Americans. In the study by Fujino et al. (1994) on how Asian American women are affected by ethnic and gender match between therapist and client a post hoc analysis was performed to examine the three way relationship between ethnic, gender, and language match (language match defined as the client's primary language and/or language match between client and therapist) and their effect on the five criterion

variables: premature termination, length of treatment, diagnosis, admission GAS, and discharge GAS. The results of this analysis indicated that language variables contributed somewhat to the criterion variables, but no consistent pattern was found. This unclear result was likely to have been affected by the limited statistical analysis that could be performed on the data while controlling for the effects of other variables, the small sample size in the language by ethnic by gender match group, and the nonrandom assignment of clients to the various match conditions. Fujino et al. noted that when clients saw a therapist who spoke the same language, the pattern of ethnic/ gender match variables that significantly predicted outcome variables remained almost identical to that found in the original study. This indicated that even after controlling for language match, ethnic and gender match have positive effects on treatment.

Ethnic match also seems to play a strong role regardless of language match in the treatment of adolescents. As mentioned above ethnic match regardless of language match for Asian American adolescents was the significant factor in lessening dropout rates, $p < .00001$, and increasing the total number of sessions attended, $p < .00001$, (Yeh et al., 1994).

Eastern Perspectives

Cultural competency is a key issue discussed within the mental health care system. Psychological professionals recognize it to be an important factor in creating more effective mental health treatments for minorities. It is believed that being aware of a client's values, norms, beliefs, ideologies, personality, and relational style is essential to providing culturally informed, consistent, and competent care for the client. Why is this

important? It seems that part of the answer lies in the fact that cultures create their own unique frameworks for reality within which their individuals function, grow, or become dysfunctional. The existence of these cultural frameworks of reality is confirmed by cross-cultural research, and their impact on psychological well-being is profound. Psychological health depends significantly on being able to function, find acceptance, create meaning, and integrate a solid sense of self within one's culture. Part of the complexity of functioning psychologically as an Asian American is learning to deal with the Asian aspect of ethnicity within American society.

For many Asian Americans, this involves having values, beliefs, and personality styles that are closely related to or almost entirely influenced by Eastern ancestry. Because of this core identification with an Eastern framework of reality, the Asian American client is likely to need a therapist who is aware of an Eastern cultural framework and norm. A clinician who understands an Eastern framework of reality (which includes key psychological concepts such as views of the self, norms for personality, relational styles, and emotional functioning) enhances his or her ability to provide competent and effective treatment for Asian American clients. An in-depth understanding will also help clinicians co-create and reinforce goals for treatment that are consistent with an Asian American's concept of healthy functioning and goals that will better promote functioning within the Asian American subculture as well as the larger American culture.

Eastern views on "ideal self." Kagawa-Singer and Chung (1994) promoted understanding Eastern views of a "healthy self" in an effort to increase therapy

effectiveness with Asian Americans. They maintained that the Western view of the ideal self is distinctly different from an Eastern view of the ideal self. Based on the work of Bellah, Madsen, Sullivan, Swidler, and Tipton (1985), they highlighted concepts of individualism, autonomy, dignity, and control over one's existence and environment through rational means as the key ideals that make up a Western view of a healthy self. Kagawa-Singer and Chung (1994) linked these ideals to the philosophies of highly influential western thinkers such as James, Hobbes, Locke, and Descartes. They also pointed to a historically popular and socially accepted western view of the mind-body separation with the mind as the intended ruler over the body and emotions. The self is viewed as a unique, singular entity that is actualized in becoming increasingly self-reliant (Emerson, 1967). These ideals greatly influenced the beliefs about psychological process and the goals for psychological growth. Asserting one's individuality, achieving dignity, and autonomy became central issues in treatment and aims for therapy. The means for change often involved some form of rational introspection (Dana, 1993). In therapy the individual was the focus, and self-transformation towards a self -defined objective of emotional, interpersonal, physical, or mental well being was the goal. Self-esteem, which was often thought to play a key role in healthy functioning, was often seen as believing in oneself regardless of what others think.

Kagawa-Singer and Chung (1994) also provided examples of more Eastern views of the ideal self. They began this discussion by introducing the work by Hsu (1971) who they believe presented a cross cultural model of psychosocial homeostasis that allowed for a culturally different social construction of personhood or "JEN – the Chinese and

Japanese word for person." Hsu's model included seven concentric, amorphous layers of the self that make up the person. Although these layers of the self include unique individual aspects, they also greatly emphasize interpersonally and socially created parts of the person. Two inner layers of the self (that are a variation of Freud's unconscious and preconscious self and called the unconscious and preconscious) are considered most representative of the individual self. Hsu added to these individual idiosyncratic inner layers the inexpressible conscious (made up of feelings and ideas that were usually not expressed for fear of ridicule, shame, or belief that the content was too private and would be misunderstood by others).

The next layers are interpersonally created and called Jen. They are called expressible conscious and intimate society and culture. These layers include ideas and feelings that can be expressed and contain representations of the people with whom we have our initial significant relationships. These people, ideas, beliefs, and behaviors are associated with strong feelings of identification and attachment. They give us our first sources of intimacy and security. According to Hsu our person or Jen is formed in these layers. Hsu's emphasis on these layers as the Jen was perhaps a consequence of his own Eastern views.

The layer labeled "operative society and culture" involves role relationships that the individual feels are useful, but do not include or demand intimacy or the affect involved in a significant relationship. Hsu claimed that the content of the intimate society and culture layer versus operative society and culture layer differed according to differences in culture. He provided an example of this by stating that for many Americans

religion would be in the intimate society and culture and may even prevent a couple from marrying. He went on to claim that for Chinese and Japanese cultures religion would most commonly fall into the operative society and culture layer and differences in religion would not prevent someone from marrying in these cultures. The final two layers that Hsu mentioned in his view of the self involve the "wider society and culture layer" and the "outer world" layer. These two layers contained people, cultural rules, knowledge, and artifacts that exist in larger society, but may or may not have connection with the individual and often became increasingly less influential in the person's life.

Hsu's view that the expressible conscious and intimate society and culture constitute the Jen was likely a consequence of his Asian view of the self. Kagawa-Singer and Chung (1994) noted that Asians very much believe in the innate social aspect of personhood. They pointed out that the Chinese and Japanese pictograph of "person" which also clearly expressed the Eastern view of the self was made of two human figures leaning against one another. In this symbol of the individual person, there was an inherent concept of dependency and support. It should also be highlighted that the Japanese character for "human being," Ningen, was also a pictorial representation of the interpersonal nature of the self. Ningen itself literally translates as "between man and man." This emphasizes that human-ness exists in relationship not in an autonomous self, as the Western view often holds.

Whereas Westerners often define the self as an individual that must defend himself from the invasion of others who might take away some of his autonomy, Asian cultures often emphasize the social nature of existing as a human creature. This may

explain why maintaining interpersonal harmony and family stability is so important to Asians. The belief that one has to defend his or her ego boundaries from invasion may in contrast explain why the goal of psychotherapy in western societies involves autonomy and self-assertion.

Saving face. Kagawa-Singer and Chung (1994) described how this emphasis on harmony was also seen in the common Asian practice of saving "face." According to these researchers saving face allows for Asians to maintain harmonious and reciprocal relationships that play a central role in how an Asian individual sees himself or herself as a fully human person. Kagawa-Singer and Chung point out that saving face allows for harmony without revealing and endangering one's innermost self. Doi (1985) wrote about the difference between tatemae "face" and hone the true internal essence of one's being. He stated that face was the integrity of one's social reputation as a representative of a primary group (one's family). He noted that most Asians are very aware of the differentiation of the hone and tatemae and that the unity of the two defined an Easterner's sense of self.

Socialization. Kagawa-Singer and Chung (1994) also highlighted the difference in socialization practices for Euro- Western middle class children versus Asian children. In Western cultures preventing children from going outside the home, being independent, and socializing with friends punishes children. Thus a common practice is to send a child to his or her room if the child is being disobedient. In Asian cultures, excluding children from the family and sending them outside the home serves to punish children. For both Western and Asian cultures, the punishments involved hindering the child from moving

towards what their roles will be as an adult. Westerners aim to eventually leave home, become self-sufficient, and find independence from their families. For the Asian adult, the desired role is to remain closely connected with one's family, to achieve the status of being a respected, involved family member, who remains inside the family boundaries.

Differing views on the healthy self. Why are these distinctions between Western and Eastern cultures important in helping mental health professions know how effectively to provide care for Asian American clients? One reason is that these differences in perspective on the self and socialization objectives will also create very different ideas about what a healthy, functional self is and what goals one would want to work on and achieve through psychological intervention. Whereas Westerners and Asian Americans who are very acculturated to Western culture may desire independence and ego definition, Easterners and Asian Americans who identify themselves with more Eastern values will be likely to pursue interdependence and ego-diffusion. Understanding and being able to accept and work with the possible differences in Asian American views of the self, family, healthy interpersonal relating, and socialization is essential in forming effective therapeutic alliances and meeting the psychological needs of an Asian American who may often function in a different cultural context.

Effective mental health intervention requires that the professional working with an Asian American client be able to read emotional and behavior cues and be able to understand in light of the differing goals for growth that an Asian American might have. The defense mechanisms and behaviors used by the Asian American may look different and have different aims because of the differing Eastern view of how to maintain a

healthy self and how one effectively relates to family and others. Ineffective care and feelings of being misunderstood and minimized is likely to result when mental health professionals take the behavior and views of Asian Americans out of their cultural context or simply disregard them and apply Western standards and values to the life of an Asian American.

Other mistakes in mental health care that may be generated from a lack of knowledge of Eastern views include: over-pathologizing of an Asian American's behavior, disrupting functional family relations, and demanding new behaviors that would isolate an Asian American from her or his Eastern culture and social group. Mental health professionals may contribute to creating confusion and conflict in an Asian American client about deeply held Eastern beliefs concerning the self and relationships when these do not fit with Western values. Another example of how Asian views may conflict with Euro-American views exists in the different attitudes towards tatemae, the public presentation of the self. Euro-Americans are expected to present their "hone, true inner selves" in most occasions and presenting a persona is thought of as being deceptive or insincere. Asians on the other hand are taught to restrain the expression of their true inner self out of respect for others. More open communication of one's internal self occurs only after an "outsider" has become part of one's intimate circle or "family." A therapist who is unaware or not accepting of this difference may pathologize the amount of tatemae communication that an Asian American client engages in and emphasize levels of direct communication that may jeopardize their client's connection with a more traditionally Asian community.

Characteristics of Asian Americans

Perhaps enough of a case has been made for the need to better understand Eastern viewpoints in order to provide effective mental health care for Asian Americans. What seems to be needed now is some information about what personality and relational characteristics are normative in the Asian American population. This knowledge may help prevent over pathologizing Asian American personality and relational styles. The two studies found addressing this issue were both performed on a college student sample of Japanese American or Chinese American students. Both studies are dated. For these reasons the results presented from the studies may have limited application, but these articles seem appropriate for two important reasons. One reason is that they present differences between Japanese and Chinese American students and Caucasian students. Another reason for presenting both studies is to highlight how one article displays this difference in a manner that seems to emphasize the possible pathology of the Asian American groups while the other article is able to present similar results in a less negative manner.

Meredith (1966) studied the question of whether differences existed between third generation Japanese college students and Caucasian students on some basic personality dimensions. The aim was to research the level of acculturation of third generation Japanese students and to look at the psychological health of these students. The 16 Personality Factor Questionnaire Form A (16 P.F.) was administered to 154 third generation Japanese Americans (82 men, 72 women) in introductory psychology and speech classes at the University of Hawaii and also to 60 (30 men, 30 women) Caucasian

American students enrolled at the University of Hawaii and 80 (38 men, 42 women) Caucasian students enrolled at the University of Illinois.

Differences between personality scores of Japanese American men and Caucasian men and then of Japanese American women versus Caucasian women were analyzed with t-tests. Results on these ethnic comparisons showed that 11 of the 16 personality differences were statistically significant, $p < .001$ to $p < .05$, for the men, and 8 of 16 were significantly different for the female subjects. Meredith (1966) stated that Japanese American men could be described as more submissive, regulated by external realities, diffident, reserved, serious, apprehensive, tense, affected by feelings, conscientious, socially precise, and pretentious than Caucasian American men. He reported that female Japanese Americans were more apprehensive, suspicious, submissive, reserved, tense, diffident, group-dependent, and affected by feelings than their Caucasian counterparts.

A second analysis was performed on the research data based on the 16 P.F.'s correlated, factored, second-order structures known as introversion-extraversion, anxiety, tough stocism versus responsive emotionality, and independence versus dependence. In addition to this, the study used well-researched regression equations on the 16 P.F. to predict criteria such as neuroticism, leadership, and creativity and applied these to the data. Meredith (1966) described the Japanese Americans as being more inhibited, higher in intrapsychic tension, closer to what would be clinically diagnosed as neurosis, lower in leadership potential, passive, and dependent as compared to Caucasians, men: Extraversion $t = 6.72$, Independence $t = 4.89$, Neuroticism $t = 5.72$, $p's < .001$; Anxiety $t = 3.32$, Leadership $t = 3.15$, $p's < .01$; women: Anxiety $t = 4.30$, Neuroticism $t = 4.26$,

Leadership $t = 3.78$, p's $< .001$; Extraversion $t = 3.05$ $p < .01$.

Although Meredith (1966) may be correct in noting that Japanese Americans had acculturation struggles which made psychological well-being more of a challenge for them, it seems likely that the generally negative labeling of the differing characteristics of Japanese Americans could be a result of over pathologizing of personality traits that may be accepted and functional within the Japanese American population.

Even though Meredith (1966) tried to present some findings more positively by writing that the Japanese American's higher anxiety may enhance highly culturally valued academic performance, his general emphasis was on problems he saw in the Japanese American culture. Meredith hypothesized that Japanese Americans "turn inward" due to relational frustrations, leadership crisis, parental stress on academic achievement, dependency-independency conflicts within the nuclear family, and family pressure about dating and courtship.

Meredith (1966) may have been able to recognize that basic personality differences between Japanese Americans and Caucasian Americans were likely to exist and that these differences may be viewed by Americans as the Japanese Americans being submissive, externally influenced, diffident, reserved, serious, apprehensive, anxious, affected by feelings, conscientious, socially precise, pretentious, dependent, passive, and neurotic. He failed to attempt to understand these possible characteristics from within the Japanese cultural context.

Articles written with this slant towards negative interpretations of differences in personality may contribute to misunderstandings between mental health professionals and

the Japanese American client. They often fail to acknowledge the functions and strengths of the differences in Japanese American personality traits. These negative views on differences may explain some of what leads to culturally biased and ineffective psychological treatment for Asian Americans.

Sue and Kirk (1972) sought to understand better the psychological characteristics of Chinese American students and alert educators, student personnel workers, and counseling staff to ways that they can promote development, and optimize educational opportunities for these students. For this section of the paper, this study will be examined for its findings and discussion of personality differences. Further into the paper in a section about the efficacy of specific treatment modalities used with Asian Americans the results of this study pertaining to how to facilitate growth for this population will be reviewed. The study involved 236 Chinese Americans, all citizens born in the United Sates, 128 men, 108 women, entering the University of California, Berkley in 1966. Their results on the School and College Ability Tests, the Strong Vocational Interest Blank, and the Omnibus Personality Inventory where compared with all other members off their entering class (1,761 men; 1,292 women). Table 1 displays all the significant results from these comparisons.

Table 1

Chinese American Student Scores on a Personality Inventory in Comparison to Other Students

	Chinese American Mean Scores		Direction of Difference for Chinese Americans	
Variable	Men	Women	Men	Women
Thinking Introversim	20.9 (7.5)	20.6 (7.2)	lower	lower
Practical Outlook	16.2 (5.3)	15.2 (4.8)	higher	higher
Estheticism	9.0 (4.3)	12.5 (4.9)	lower	lower
Complexity	13.9 (4.8)	14.4 (5.6)	lower	lower
Autonomy	23.3 (6.9)	23.7 (6.7)	lower	lower
Impulse Expression	28.2 (9.7)	27.2 (9.4)	lower	lower
Social Extroversion	17.3 (6.6)	20.4 (6.3)	lower	lower
Altruism	11.0 (5.0)	10.6 (4.3)	lower	lower
Personal Integration	26.3 (11.5)	25.4 (8.9)	lower	lower
Anxiety	16.8 (5.3)	17.8 (4.8)	higher	higher

Note. Mean scores presented with standard deviations in parentheses. Comparisons are with the non- Chinese students of the same gender. For all comparisons included in the table $p < .01$.

The study found that Chinese American students were less oriented to theoretical, abstract ideas and concepts (lower Thinking Introversion). Results showed that Chinese American students tended to evaluate ideas based on present practical application usefulness (higher Practical Outlook). These students exhibited less sensitivity and responsiveness to aesthetic stimulation (lower Estheticism). The Chinese American students also reported to have a greater dislike for uncertainty, ambiguity, and novel situations and favored more straightforward situations (lower Complexity).

The Chinese American students showed greater obedience and conformity to authority (lower Autonomy). They exhibited more inhibition, conventionality, and less of a tendency to express their impulses (lower Impulse Expression). These students also were found to have less socially extroverted behaviors and attitudes (lower Social Extroversion). The Chinese American students tended also to be more impersonal in their relations and less concerned about the social needs of those around them (lower Altruism). They appeared to feel less comfortable about themselves and others, lower (Personal Integration), and were more likely to be tense and anxious (Anxiety level).

Although Sue and Kirk (1972) noted similar personality differences between Asian American students and other students as did Meredith (1966), they went on to explain these differences within a cultural context. The study emphasized the respect and conformity to authority, family loyalty and distrust of outsiders, and prolonged dependency as a Chinese family value. They linked this to the findings and stated that it may have explained why Chinese American students displayed less autonomy and less concern for the welfare of non-family members. The researchers also mentioned a

concentration on tradition and fixed ways of behaving by Chinese Americans that may cause distress in new situations and have increased the anxiety for these Chinese Americans newly entering the university. They noted that in Chinese cultures elders make many decisions for younger members, a child's obligation to his or her family is stressed, and that dependency is often encouraged which may lead to more anxiety for Chinese American freshmen who have just left their families and Asian subcultures and are now making their own decisions.

This study seems less likely to over pathologize the personality traits of Chinese American students and is more likely to facilitate understanding and empathy for Asian Americans with differing characteristics from others' ethnic groups. This facilitates greater therapy effectiveness and general comprehension of the issues involved in the Asian American culture instead of viewing basic personality differences seen in the Asian American as pathological or deficient.

It seems important to mention that in this latter study student subjects were made up of freshmen at Berkley. Because Berkeley is a highly competitive school with higher entrance college exam scores than many other universities, the subject pool in this study represents an unusually intellectually elite group and possibly highly competitive group that may not accurately represent more normative Asian American populations.

Counseling Expectancies

Now that research has been examined about common personality characteristics of Asian Americans, uncovering how personality and socialization factors influence Asian American counseling expectations appears to be the next step in exploring Asian

American mental health issues. In 1966 Arkoff, Thaver, and Elkind researched mental health related beliefs held by students from several Asian countries and compared them with those of American students and American psychologists. Their study involved a group of Asian students (19 Chinese with 12 men & 7 women, 19 Filipinos with 10 men & 9 women, 21 Japanese with 13 men & 8 women, and 15 Thai with 7 men & 8 women) and American students (24, 8 men & 16 women). A sixth subject group was made up of 20 male counseling and clinical psychologists with Ph.D.'s who were members of the Hawaii Psychological Association.

The subjects were given a 60-item questionnaire devised by Nunnally (1961) to assess their ideas about mental health. They were asked to rate the extent of agreement or disagreement on a seven-point scale. No significant difference was found between the American student and psychologist groups or among the differing Asian groups, but there were significant differences between the American groups and the Asian groups, $F = 19.57$, $p < .01$. The findings indicated that whereas American students and psychologists generally disagreed with the notion that mental health could be enhanced using will power, avoiding negative thinking, and focusing on pleasant thoughts, Asian students tended to agree with these ideas. Arkoff et al. (1966) also noted that a review of the responses by Asians tended to indicate that they believe therapy is more of a directive, authoritarian, and paternalistic process where they can be less active than American subjects did.

Tan (1967) performed a study to test therapy expectations of students from five differing Asian countries compared to Caucasian students from England and the United States. Tan's study was done on American and international Asian students attending

Midwestern universities. He focused on determining how authoritarian orientation, a central Asian characteristic, affects therapy expectations.

In his study, he included 150 foreign students from England (n = 14), Turkey (n = 20), Arab countries (n = 27), India (n = 34), China (n = 39), and Japan (n = 16). He placed the students from Turkey, Arab countries, India, China, and Japan in the "Asian group" and explained that these countries represented cultures with authoritarian orientations as compared to American students (n = 50) and Caucasian students from England who represented unauthoritarian cultures. Tan asserted that these Asian cultures are similar in a set of values that make them respect their elders, authority figures, submit to their decisions, and seek affection from parents and superiors (authoritarian orientation).

Tan (1967) used an expectancy questionnaire made up of 32 items. These items were rated on a 30-point scale form with five defined categories. Four additional items were in multiple-choice form.

The study confirmed that the five Asian nationality groups represented a homogenous group. All Asian groups considered counseling as primarily an "advice and information giving process by an experienced person " (65% to 75% of the Asian subgroups reported this).

When compared to the Asian group using a one tailed t-test, the United States group displayed 10 significant differences in a direction that the researchers felt validated their hypothesis: Counseling expectancies of the Asian group who are assumed to have an authoritarian orientation will differ from those of the American subjects in the

direction of authority orientation, directiveness, submission, and nurturance. On significant items, the means for the Asian group were higher than those of the American group in their emphasis on counselor's training in the following areas: medicine, $F = 3.00$, $p < .01$; counselor's education, $F = 2.25$, $p < .05$; counselor being affectionate like a mother, $F = 5.11$, $p < .001$; counselor moralistic like a priest, $F = 8.94$, $p < .001$; beliefs that much of talking done by counselor, $F = 5.55$, $p < .001$; counselor's need to attempt to persuade and influence, $F = 3.85$, $p < .001$. The United States group was higher on factors related to the expected use of "mental tests" in counseling, $F = 4.44$, $p < .001$; counselor as an inquirer like an investigator, $F = 2.75$, $p < .01$; counselor as a good listener, $F = 3.40$, $p < .001$; and difficulty talking to a counselor about one's problems, $F = 2.14$, $p < .05$. In addition to these results, the median number of expected sessions with a counselor differed significantly ($p < .001$) between the American and Asian groups. The American group expected 3.26 sessions whereas Asians felt that 2.41 sessions should be expected. This expectancy is consistent with the tendency for Asian clients to drop out of treatment earlier than Caucasian clients which appears to hinder treatment success for these clients.

In order to analyze further the data, the foreign students were re-divided into two subject groups. One group consisted of those who had been in the Unites States for 2 years or less, 2nd year group $n = 78$, and those in the U.S. for 3 years or more, $n = 72$. This 2 years or less versus 3 year or more divide was arbitrarily decided. These two groups differed from each other on 6 scales, $p < .05$: counselor's training in medicine, beliefs about the use of hypnosis, moralistic like a priest, sex preference for counselor, decision made more by the counselor, difficulty talking to a counselor. The means for the

2nd year group was higher than the 3rd year group for all the issues related to authoritarian orientation that exhibited stronger authoritarian attitudes by the 2nd year group.

The 2nd and 3rd year groups were then compared separately with the United States group using one tailed t-tests. The 3rd year group differed significantly on 9 scales rating counseling expectancies whereas the 2nd year group differed on 14 scales. This seemed to indicate that length of time in the United States influenced therapy expectations with longer stay in the U.S. causing more similar therapy expectations. The results validated the notion that level of acculturation (adaptation to American culture) would influence counseling expectations.

Later in the study, a group of 62 graduate counselors in training (called the Professional group) were given the expectancy questionnaire and compared to the other subject groups. The research results showed that the foreign group differed significantly from the professional group on 25 scales. In contrast, the professional group differed from the American group on only 18 scales. Overall, the professional group expected counseling to involve elaboration, listening, cooperative planning, information collecting, and asking questions while the student groups expected more information giving and collecting, and advice giving (especially for the foreign group).

It is important to note that there seems to be significant differences on many levels between the views of professional counselors and the foreign student (Asian student) on what a counselor should be trained in, be like, and do in the counseling situation. This difference in counseling expectations is likely to cause a gap between counselor and Asian client that prevents effective therapy if not addressed early on in treatment.

Yuen and Tinsley (1981) performed another study contrasting International versus American students' expectancies about counseling. They included in their research American (n = 40), Chinese (n = 39), African (n = 35), and Iranian (n = 36) students and attempted to split the groups into equal women-men ratios with half of the group being freshmen and the other half being seniors. All subjects were given the Expectancies About Counseling Questionnaire (Tinsley, Workman, & Kass, 1980). The Americans in the study were volunteers in an introductory psychology class. Ten of the international students were given the questionnaire during an orientation program for incoming international students. Some international students were contacted by phone about their willingness to participate in the study and then were mailed a questionnaire, which they returned by mail. Due to the need for a large enough sample of international students from the different groups, some international students who had earlier declined to be in the study were solicited to join by students of their own nationality.

ANOVAs were performed on each of the 17 expectancy scales used in the study. Because of the Asian American focus of this review of the literature only the results concerning Chinese versus other student groups will be examined. Post hoc comparisons using a Tukey's honestly significant difference procedure indicated that American students scored significantly lower than Chinese and Iranian students on expectations of empathy from their counselors and lower than all three international student groups on expected nurturance. Chinese students scored significantly lower than American and Iranian students on client attitudes of responsibility and motivation, significantly lower than Iranian and African subjects on openness, and significantly lower than Iranian students on expectations that the therapy process will be concrete, confrontational and

expected quality for the therapy outcome. Lastly, Chinese students scored significantly lower than African students on expectations of the immediacy of the therapy process. Although these research findings do not directly apply to the Asian American population, because of the shared values, views, and belief systems between Asian Americans and Asians (Chinese), the findings may inform us about the therapy expectations of Asian Americans.

The research seems to indicate that Chinese students in America tend to expect therapy to be a relatively empathic, nurturing, and passive (on their part) interaction. Compared to other international student groups, Chinese students see therapy as less concrete, confrontational, beneficial, and the process as less immediate. It is likely that Chinese Americans and perhaps other Asian American groups can relate to these differing therapy expectations and will be expecting counseling to involve more nurturance, empathy, and less activity on their part than Americans would expect and also possess differing therapy expectations than other minority groups.

Upon reviewing this study some concerns about the research appeared. The inconsistent ways in which researchers obtained subjects and had responses given to the questionnaires may have introduced variables that affected research results, but were not controlled for in statistical analysis. For example pursuing subjects after they had declined participation in the study may have created differences in subject groups that are based on differences between responsive volunteer and reluctant volunteers rather than expectations of counseling caused by ethnic variations. Although the needs of the study may have required the inconsistent manner of obtaining subjects and questionnaire responses, statistically uncontrolled extraneous variables created by these differences

may have contributed to differences between groups for reasons outside of the study's investigation.

Leong, Wagner, and Kim (1995) performed one of the most recently published articles in this area. Their study was designed to determine how loss of face and acculturation affect the group therapy expectations of Asian American students (n = 45 men and 89 women; 95% of subjects were 21-24 years old; Chinese Americans = 33%, Southeast Asian = 27%, Korean = 15%, Japanese = 12%, "other" = 13%). They hypothesized that Asian American students who are integrationists or assimilationists would have more positive attitudes towards group counseling than maginalists or separatists. The researchers also believed they would find that Asian Americans with a higher sensitivity to loss of face would have more negative expectations of group therapy.

The researchers recruited Asian American subjects from Asian American studies classes at a major university on the West Coast. These subjects were given no incentive to participate in the study. The researchers surveyed these subjects during class periods in large groups. Examiners administered The Group Therapy Survey (Slocum, 1987), Loss of Face Scale (Zane, 1991), Acculturation Attitudes Scale (Kim, 1988), and a demographic questionnaire to the subjects. The Group Therapy Survey measured client attitudinal and behavioral expectations about group therapy (25 item, self report scale with a 4-point Likert rating system from 1 = strongly agree to 4 = strongly disagree). The Positive Attitude Scale (included seven items) was the only factor used from the Group Therapy Survey because it was the only scale to achieve adequate reliability (Cronbach's alpha = .79).

To measure loss of face the Loss of Face scale (Zane, 1991) was used. This self-report instrument consisted of 21 items (rated on a 7-point Likert scale) developed to measure individuals' attitudes toward losing face in public and their behavioral attempts to maintain face for self or others. The Loss of Face scale has shown some good internal (consistency alpha = .83; Leong, Wagner, & Kim, 1995; Zane, 1991), and consistently correlated with private self-consciousness, $r = .20$, $p < .001$; public self-consciousness, $r = .41$, $p < .001$; and social anxiety, $r = .57$, $p < .001$.

The acculturation scale used in this study was a modified version of Kim's (1988) Korean version of the Acculturation Attitudes Scale. It consisted of 56 items that are rated on a 5-point Likert scale. The scale measures four levels of acculturation (Berry, 1980): assimilation (acquiring the attitudes and behavior patterns of mainstream culture while relinquishing the heritage culture), integration (being active in both the heritage and mainstream culture), separation (maintaining heritage culture and segregating from the mainstream culture), and marginalization (being unconnected to both the mainstream and heritage culture). This scale has shown adequate internal consistency and validity (Kim & Berry, 1985: Cronbach's alpha for assimilation = .73, for integration = .76, for separation = .71, for marginalization = .71). Significant correlations were found between the levels of acculturation and behavioral measures of organization participation, newspaper reading, as well as psychological measures of ethnic identity and language preference.

Coefficient alphas were calculated to estimate the reliability of the scales used in the study. Alphas ranged from .68 to .86, displaying a high level of reliability for all scales. alphas: Group Therapy Survey Positive Attitudes = .79; Loss of Face = .85;

Assimilation = .79; Separation = .76; Integration = .86; Marginalization = .68. To assess whether certain culture specific variables affect attitudes about group therapy, the study used a hierarchical multiple regression analysis, with gender entered as the first independent variable, followed by loss of face in the second block, and then the four-acculturation scales in the third block, and interaction terms in the fourth block.

No statistically significant main effects for gender and loss of face were found for the Positive Attitudes scale. The four acculturation scales placed in the third block had a significant main effect, F (6,127) = 3.46, $p < .05$ with the integration scale being the only one significantly related with positive attitudes toward group counseling, $T = 3.63$, $p < .05$. The finding that integrationists who are considered highly acculturated to American values have positive attitudes towards group therapy is consistent with other acculturation studies which have found that highly acculturated Asian Americans tend to possess more positive attitudes towards seeking professional psychological help (Atkinson & Grim, 1989).

The surprising results were that assimilation and low loss of face scores were not associated with more positive attitudes towards group therapy. The article pointed to some of the unreliability of its measuring tools (Kim's acculturation scale and the Group Therapy Survey) as well as the fact that most of the students fell into the integrationist category, as factors that may have created a lack of results in this direction. The researchers wrote that studies investigating Kim's measure found that most of the subjects scored in the integrationists group and that this may be caused by the social desirability of this position. In this study the high portion of subjects that scored as integrationist and therefore the low number of subjects in other acculturation categories

would have made it difficult to obtain significant effects for differing levels acculturation on attitudes towards group therapy.

Effective Treatment Models

Now that research has been examined about the differing therapy expectations of Asian Americans and whether acculturation plays a role in group counseling expectations, the issue of what kind of therapy interventions may work best with Asian Americans seems important to consider. Unfortunately no empirical studies were found that directly assessed the effectiveness of different treatment interventions with Asian Americans. The empirical research discussing possible effective treatment interventions with Asian Americans is based more on what would be concluded as successful based on Asian or Asian American beliefs about mental health treatment or personality characteristics. Many of these articles depend on old research projects that maybe less relevant to current realities. Because of the lack of more recent studies that relate to this issue, these studies do seem relevant to this literature review. They serve to inform us about important factors that relate to effectively intervening with Asian Americans.

It seems important to note that the studies which concentrate on expectations of and possible effective therapy treatments for Asian Americans seem to point to forms of treatment that are similar to ones that are used in Japan and the Philippines. According to Caudill (1959), Japanese therapists tend to place less emphasis on abstract, ambiguous aspects like psychodynamic processes. Therapists use more directive, authoritarian approaches. Varias (1965) noted that in the Philippines people are more authoritarian and submissive to authority and that psychiatrists need to be "more active, directive, and paternalistic" with their clients. Kora and Sato (1958) stated that therapists in Japan use

interventions that tend to distract oneself from one's problems and occupy one with constructive pursuits.

Sue and Kirk (1972) performed research to understand better the psychological characteristics of Chinese American students. Their research results seemed to indicate that the styles of therapy used in the Japan and the Philippines would be effective in treating Asian Americans. Sue and Kirk found that Chinese American students were less oriented towards abstraction and theory, valued ideas related to their practical applicability and straightforward approaches, and possessed a dislike for ambiguity and uncertainty. They found that straightforward, concrete, application oriented therapies like cognitive behavioral and solution focused therapy appeal to Asian Americans. The results may also suggest that more abstract, non-tangible, ambiguous, and less clearly practical therapies like classical psychoanalytic, existential, gestalt, and Rogerian therapies may feel less comfortable to Chinese Americans who may not tend to address or think about issues in this way.

Atkinson et al. (1978) attempted to understand whether directive versus non-directive therapy interventions would appear more credible and useful to Asian Americans. This study was reviewed earlier in the ethnic match section of this paper; it is being reviewed in this section based on its comparison of Asian American views on the credibility and utility of a logical, rational directive versus a reflective, effective nondirective therapy approach.

The subjects were made up of the same group of Asian American university students and Japanese Americans who were members of the Young Buddhist Association (details on the demographics of these group were given earlier in this paper). The

subjects listened to tapes made from a directive scripted individual therapy session or nondirective scripted therapy session enacted by two Asian American male graduate students in counseling psychology. The response of the client was scripted the same in all experimental conditions.

The Counselor Effectiveness Rating Schedule was used to assess perceived therapist effectiveness. This study indicated that Asian Americans viewed a logical, rational, structured, directive approach as being more effective than an affective, reflective, more ambiguous approach. It demonstrated that the therapists who ask for specific information and ask the client to engage in a rational discussion were perceived as more credible and useful to Asian Americans. This result seems congruent with the research about Asian and Asian American expectations of therapy that indicates they expect and feel more comfortable with a more information based, directive, advice giving, paternalistic, approach to therapy (Arkoff et al., 1966).

Fukuyama and Greenfield (1983) studied the assertion levels of Asian American students. They found that Asian Americans had significantly lower assertion scores than Caucasian Americans and had more difficulty expressing emotions and making difficult requests. This study occurred in a university in the Pacific Northwest and included a random sample of 150 Asian American students (49% male, 51% female with equal distribution according to year in college) obtained from the registrar's office.

The Asian American subjects were surveyed by a mailed questionnaire including the College Self-Expression Scale (CSES), a highly reliable (Galassi, Delo, Galassi, & Bastein, 1974) and valid (Galassi & Galassi, 1979), measure of assertiveness in college populations. Factor analytic work has shown that the CSES can be broken into ten factors

that relate to situational and specific components of assertiveness. A 70% response rate was obtained, n = 105; 52% respondents were third generation Japanese Americans, 81% American born, 21 % from Hawaii; 51% grew up in predominately Caucasian communities, 30% from bilingual families. The Caucasian subjects were sampled in three large classes and asked to fill out the questionnaire on a voluntary basis, response rate = 99%. The Caucasian student group totaled 135 subjects with similar sex and class distribution as the Asian American subject group.

Asian Americans students were found to have significantly lower assertion scores than Caucasian American students, total CSES scores Asian Americans M = 121.29 and Caucasian M = 130.06, F (1, 229) = 9.335, $p < .01$. Post hoc analyses of 10 assertiveness subscales found that Asian Americans also had more difficulty expressing emotions or making difficult requests, Asian American M = 18.24, Caucasian M = 19.51, $p < .05$. Based on these findings that indicated that assertiveness, open expression of affect, and making difficult requests was more difficult for Asian Americans, it may be hypothesized that therapies that call for more assertion, emotional expression, and sometimes demand high levels of asking for what one needs or wants (or other difficult and personal requests) will make an Asian American client uncomfortable. For example, group therapies that demand making difficult requests of other members, highly emotional therapies such as primal scream therapy, and assertion training may cause high levels of discomfort and be less congruent with Asian American characteristics.

Upon review of this article, the nonrandom, voluntary recruitment of Caucasian student subject in the classroom setting versus the random sampling of Asian American students via mailed questionnaire may have created different subject groups based on

factors unrelated to ethnicity. It is possible that students who volunteer within a large classroom setting (like the Caucasian students had) to participate in a study may tend to be more assertive than the average student. It seems that mailing back a questionnaire would require less assertion. The results regarding differences in assertion level may be confounded by this difference in obtaining subject responses to the questionnaire.

A form of therapy that seems very congruent with Asian American values and way of functioning is family therapy. Again, no formal empirical study has been done on the efficacy of family therapy with Asian Americans, but recent research has shown that Asian American family members are very willing to be involved in the treatment process of their family members. Lin, Miller, Poland, Nuccio, and Yamaguchi (1991) performed a cross-cultural study involving the treatment of Asian American Schizophrenic patients with the use of the same protocols. They studied the treatment of 26 Asian Americans and 26 Caucasians on fixed doses of haloperidol. The two groups were comparable in terms of their age, sex, and length of illness.

The two groups responded clinically to the treatment to a comparable degree, although Asian patients had significantly more extra-pyramidal side effects during the fixed dose phase and required significantly lower doses. The involvement of family members in the treatment was systematically documented. At the initial interview and during all the follow-up sessions, the presence and number of accompanying family members were observed, as well as the nature of the family member's interaction with research team members.

In the majority of Asian subjects, at least one family member was with the patient during the initial interview and actively participated in the decisions about the patient's

involvement in the study. Very few Caucasian patients had family members in the first interview and the statistical difference was significant, $\chi^2 = 17.54$, $p < .001$. Almost all Asian families were involved throughout the patient's treatment, with the majority of them having at least one family member present with the client present each time the patient came for an evaluation. In 50% of the Caucasian group the family remained uninvolved during the entire study. The difference in the category of "family not involved throughout the study" was significant, $\chi^2 = 12.41$, $p < .001$, as was the difference in "family present at all sessions of the study", $\chi^2 = 20.25$, $p < .001$. In about half of the Asian cases, more than one family member accompanied the patient to all the sessions, in contrast more than one family member being present during the treatment of the patients in the Caucasian group was extremely rare, involvement of multiple family members: $\chi^2 = 9.77$, $p < .005$. The evidence of family willingness to be active in the treatment of a Schizophrenic family member indicated that family members may be willing to become involved in the therapy treatments of their Asian American relatives and that this may mean a greater openness to family therapy.

The Asian American belief in the person being inherently created by a system of significant others, seems to lend itself to a family systems view of mental illness and strengthen the possibility that family therapy may be more congruent with an Asian American mindset. On the other hand, issues of losing face, keeping problems in the family, and identifying a specific member as ill versus the whole family system to avoid increased shame, are likely to lessen the appeal of family therapy for Asian Americans. Regardless of how open to family therapy Asian Americans may be, the research

appeared to show that the family was an available and willing means of support. Recruiting Asian family members in the treatment of a client would likely increase therapy effectiveness and be a culturally consistent means of intervention.

It should be noted that a variable unrelated to ethnicity may have created the differences in family involvement. As mentioned before, the Asian patients had significantly more extra-pyramidal side effects during the fixed dose phase. This could have created greater concern for the Asian patient early on in treatment by their family members, a concern that Caucasian clients did not have. This initial complication in treatment may have lead to more intense involvement by Asian family members whereas a lack of complications in the initial treatment of white clients may have allowed Caucasian family members to feel more relaxed about the treatment of their relative and created less need for them to be involved. Therefore the lack of early complication in the treatment of Asian American clients may have been a confounding factor not addressed in the study. The frustration over how to remedy the gap between the number of Asian Americans who might benefit from seeking mental health treatment and the number who actually participate and remain in treatment has led researchers to study and theorize about how to provide culturally responsive care to this population.

Ethnic Specific Parallel Services

One theory about how to lessen the underutilization of mental health services by Asian involves being able to provide ethnic specific parallel services to this group. These services involve providing community based agencies with bilingual and bicultural staff that offer mental health services to Asian Americans. Although research has shown that agencies designed for Asian Americans are highly utilized by them (Sue & McKinney,

1975), Zane, Hatanaka, Park, and Akutsu (1994) remained interested in whether such agencies could reduce or eliminate service inequities (e.g., premature termination, differences in treatment length). They therefore designed a study to determine whether parallel service centers could improve the mental treatment of Asian Americans without harming Caucasian American clients.

They compared clients from six Asian American groups (186 Chinese, 124 Japanese, 71 Filipino, 150 Korean, 84 Lao or Cambodian, 190 Vietnamese) with Caucasian outpatient clients (n = 80) on client characteristics, utilization patterns, and clinical outcomes. These clients were patients at the Asian Pacific Counseling and Treatment Center, a community mental health center in Los Angeles where all therapists were trained in brief psychodynamic therapy as well as cognitive behavioral techniques and were bilingual and bicultural. The data collected on the subjects included demographics, therapist ratings of client based on diagnosis, primary problem, and general level of functioning (Global Assessment Scale, GAS), service utilization (source of referral, intent of service, reason for discharge, type of service used, units of services used 1 unit = 15 minutes of service), effectiveness indices (premature termination: failure to return after one session; early termination: failure to stay for four or more sessions; treatment duration; and change in psychological functioning: GAS at discharge with the admission GAS serving as a covariate). Data collection involved trained research assistants using standardized sequence of searching procedures to locate in the client's file the data needed. A 95% reliability rate among trained research assistants was found prior to formal data collection using 20 client records.

Ethnic group differences were examined. With the continuous variables (e.g.,

age), 21 t-tests were done for possible pair-wise comparisons among the seven ethnic groups. With the categorical variables (e.g., diagnosis) a multistage Bonferroni procedure was used to control for Type I error and provide more power. Ethnic differences in service effectiveness were examined by using a regression analysis for each effectiveness index while controlling for the effect of predictor variables (age, gender, place of birth: U.S. vs. foreign born, marital status, employment status, living arrangement, clinical diagnosis, premorbid functioning, and referral source) that may have co-varied with ethnicity.

On indices of service effectiveness several important results were found. One discovered result was that the proportion of clients failing to return after one session was similar in all groups studied (Chinese = 15.6%, Japanese = 15.3%, Filipino = 9.9%, Korean = 13.3%, Vietnamese = 21.67%, Lao/Cambodian = 15.5%, White = 16.3%). Another result was that early termination percentages were similar between all groups with the exception of Southeast Asian clients who were found to be 1.5 times more likely to terminate before the fourth session (Chinese = 19.4 %, Japanese = 17.7%, Filipino = 14.1%, Korean = 16.7%, Vietnamese = 33.7%, Lao/Cambodian 22.6%, White = 18.8%). However, after predictor variables other than ethnicity were taken into account, there were no significant differences found between groups on this index. A similar result was discovered related to the average number of treatment units. Although the Vietnamese had shorter treatment lengths than the other groups, after controlling for demographic and clinical variables no difference on treatment duration was found between the Asian American group and the Caucasian group. When clinical outcomes were examined using post-treatment GAS scores, there were no significant differences in clinical outcome for

any of the pair wise comparisons and the regression analysis found no significant effects for ethnicity predictors.

Overall, the results indicated that for Asian Americans similar mental health service and treatment outcome can be achieved using parallel service agencies. The results supported the notion that dropout rates can be reduced using these agencies. These positive results seem also to be obtained without compromising the treatment of Caucasian clients that utilize the services at the ethnic specific agency. Such agencies have been successfully established in many parts of the United States including New York, Boston, Seattle, Portland, San Francisco, and Los Angeles. These clinics are staffed with bilingual and bicultural professionals and paraprofessionals in locations close to major Asian communities. They have been surprisingly successful at increasing utilization rates of Asian Americans and decreasing the time between the onset of symptoms and contact with the mental health system (Lin & Cheung, 1999).

Zane, Hatanaka, et al. (1994) provided hopeful results that indicated that parallel services led to increasing the efficacy of mental health treatment services for Asian Americans. A possible limitation of their study is that it involved descriptive statistics that describe what is occurring, but cannot make causal statements about the reasons behind the increase in treatment efficacy. It would be important for this research to be replicated because the study was done in one site within the Los Angeles area. It may be that the encouraging results are specific to the site or Los Angeles and will not generalize to other sites or areas of the country. Another concern about the study is that the Caucasian clients seeking treatment an Asian American treatment center may have represented a unique group and may not be representative of other Caucasian clients.

Conclusion

Although the use of mental health services by Asian Americans appears to continue to be limited in light of the need of these services, there seems to be some promise of discovering ways to increase the use and effectives of treatment for Asian Americans. Matching based on ethnicity and possibly gender and language seems to improve level of treatment response. Also understanding Eastern views on the healthy self, Asian personality characteristics, and therapy expectations may lessen misunderstandings and mismatched therapist client ideas and aid in allowing for more effective treatment. Research seems to indicate that more practical, authoritarian, directive, information based, nurturing, paternalistic, or family oriented forms of therapy may also be more congruent with Asian American values and needs. Perhaps one of the most encouraging results shown by the research is that ethnic specific parallel services staffed by bilingual and bicultural individuals can lessen the gap between the mental health treatment sought and received by Caucasians and that experienced by Asian Americans.

Most lacking in the research are direct studies on the effectiveness of specific forms of treatment when used with Asian Americans. No research could be found on the efficacy of therapies such as behavioral, cognitive-behavioral, gestalt, psychodynamic, solution focused therapies, and so forth when utilized with Asian American clients. Although empirical research on this may be difficult to obtain based on the shown lack of Asian American involvement in mental health services, it seems that this kind of study would provide essential information to mental health professionals trying to treat Asian Americans. This is an area for further research.

REFERENCES

Acosta, F., Yamamoto, J., & Evans, L. (1982). Effective psychotherapy for low income and minority patients. New York: Plenum.

Arkoff, A., Thaver, F., & Elkind, L. (1966). Mental health and counseling ideas of Asian and American students. Journal of Counseling Psychology, 13, 219-223.

Atkinson, D., & Grim, R. (1989). Asian American cultural identity and attitudes toward mental health services. Journal of Counseling Psychology, 36, 209-212.

Atkinson, D., Maruyama, M., & Matsui, S. (1978). Effects of counselor race and counseling approach on Asian Americans' perceptions of counselor credibility and utility. Journal of Counseling Psychology, 25, 76-83.

Bellah, R., Madsen, R., Sullivan, W., Swidler, A., & Tipton, S. (1985). Habits of the heart: Individualism and commitment in American life. New York: Harper and Row.

Berry, J. (1980). Acculturation as varieties of adaptation. In A. M. Padilla (Ed.), Acculturation: Theory, model, and some new findings (pp. 9-25). Boulder, CO: Westview.

Bloombaum, M., Yamamoto, J., & James, Q. (1968). Cultural stereotyping among psychotherapists. Journal Consulting and Clinical Psychology, 32, 99.

Bui, C., & Takeuchi, D. (1992). Community mental health services for ethnic minority children. American Journal of Community Psychology, 20, 403-415.

Caudill, W. (1959). Observations on the cultural context of Japanese psychiatry. In M. K. Opler (Ed.), Culture and mental health (pp. 213-242). New York: Mermillan.

Chang, W. (1985). A cross-cultural study of depressive symptomatology. Culture, Medicine, & Psychiatry, 9, 295-317.

Chung, R., & Okazaki, S. (1991). Counseling Americans of Southeast Asian descent: The impact of the refugee experience. In E. E. Lee & B. L. Richardson (Eds.), Multicultural issues in counseling: New approaches to diversity (pp. 107-126). Alexandria, VA: American Association for Counseling and Development.

Dana, R. (1993). Muticultural assessment perspectives for professional psychology. Boston, MA: Allyn & Bacon.

Doi, F. (1985). The anatomy of self. Tokyo: Kodansha International.

Emerson, R. (1967). Self-reliance. White Plains, NY: Peter Pauper Press (Original work published 1841).

Endicott, J., Spitzer, R., Fleiss, J., & Cohen, J. (1976). The Global Assessment Scale: A procedure for measuring overall severity of psychiatric disturbance. Archives of General Psychiatry, 33, 766-771.

Fujino, D., Okazaki, S., & Young, K. (1994). Asian American women in the mental health system: An examination of ethnic and gender match between therapist and client. Journal of Community Psychology, 22, 164-176.

Fukuyama, M., & Greenfield, T. (1983). Dimensions of assertiveness in an Asian American student population. Journal of Counseling Psychology, 30, 429-432.

Galassi, J., Delo, J., Galassi, M., & Bastein, S. (1974). The College Self-Expression Scale: A measure of assertiveness. Behavior Therapy, 5, 165-171.

Galassi, J., & Galassi, M. (1979). A comparison of the factor structure of an assertion scale across sex and population. Behavior Therapy, 10, 117-128.

Gong-Guy, E. (1987). The California Southeast Asian mental health needs assessment. Oakland, CA: Asian Community Mental Health Services.

Hsu, F. (1971). Psychosocial homeostasis and Jen: Coneptual tools for advancing psychological anthropology. American Anthropologist, 73, 23-44.

Kagawa-Singer, M., & Chung, R. (1994). A paradigm for culturally based care in ethnic minority populations. Journal of Community Psychology, 22, 192-208.

Kim, B. (1978). The Asian Americans: Changing patterns, changing needs. Montclair, NJ: Association of Korean Christian Scholars in North America.

Kim, U. (1988). Acculturation of Korean immigrants to Canada: Psychological, demographic, and behavioral profiles of emigrating Koreans, nonemigrating Koreans, and Korean Canadians. Unpublished doctoral dissertation, Queens University, Kingston, Canada.

Kim, U., & Berry, J. (1985). Acculturation attitudes of Korean immigrants in Toronto. In I. R. Langunes & Y. H. Poortinga (Eds.), From a different perspective: Studies of behavior across cultures (pp. 93-105). Lisse, Canada: Swets & Zeitlinger.

Kinzie, J., & Tseng, W. (1978). Cultural aspects of psychiatric clinic utilization: A cross-cultural study in Hawaii. International Journal of Social Psychiatry, 24, 177-188.

Kokotovic, A., & Tracey, T. (1990). Working alliance in the early phase of counseling. Journal of Counseling, 37, 16-21.

Kora, T., & Sato, K. (1958). Morita therapy – a psychotherapy in the way of Zen. Psychologia, 219-225.

Leong, F. (1986). Counseling and psychotherapy with Asian Americans: Review of literature. Journal of Counseling Psychology, 33, 196-206.

Leong, F. (1994). Asian American differential patterns of utilization of inpatient and outpatient public mental health services in Hawaii. Journal of Community Psychology, 22, 82-96.

Leong, F. Wagner, N., & Kim, H. (1995). Group counseling expectations among Asian American students: The role of culture-specific factors. Journal of Counseling Psychology, 42, 217-222.

Lin, K., & Cheung, F. (1999). Mental health issues for Asian Americans. Psychiatric Services, 50, 774-780.

Lin, K., Miller, M., Poland, R., Nuccio, I., & Yamaguchi, M. (1991). Ethnicity and family involvement in the treatment of schizophrenic patients. Journal of Nervous and Mental Disorders, 179, 631-633.

Matsushima, N., & Tashima, N. (1982). Mental health treatment modalities of Pacific/Asian American practitioners. San Francisco: Pacific Asian Mental Health Research Project.

Meredith, G. (1966). Amae and acculturation among Japanese American college students in Hawaii. The Journal of Social Psychology, 70, 171-180.

Murase, K. (1983, August). Research findings in mental health problems and mental health treatment of Japanese Americans in the United States. Paper presented at the conference on Japanese Culture and Mental Health, East-West Center, Honolulu, Hawaii.

Nunnally, J., Jr. (1961). Popular conceptions of mental health. New York: Holt, Rinehart, & Winston.

Peralta, V., & Horikawa, H. (1978). Needs and potentialities assessment of Asian American elderly in greater Philadelphia. Chicago, IL: Asian American Mental Health Research Center.

Prizzia, R., & Villanueva-King, O. (1977). Central Oahu community mental health needs assessment survey (part III): A survey of the general population. Honolulu:

Management Planning and Administration Consultants.

Slocum, Y. (1987). A survey of expectancies about group therapy among clinical and nonclinical populations. International Journal of Group Psychotherapy, 37, 39-54.

Sohlberg, S. (1989). There's more in a number than you think: New validity data for the Global Assessment Scale. Psychological Reports, 64, 455-461.

Sue, D. (1977). Counseling the culturally different: A conceptual analysis. Personnel & Guidance Journal, 55, 422-425.

Sue, D., & Kirk, B. (1972). Psychological characteristics of Chinese American students. Journal of Counseling Psychology, 19, 471-478.

Sue, S., & McKinney, H. (1975). Asian Americans in the community mental care system. American Journal of Orthopsychiatrist, 45, 111-118.

Sue, S., & Morishima, J. (1982). The mental health of Asian Americans. San Francisco: Jossey-Bass.

Tan, H. (1967). Intercultural study of counseling expectancies. Journal of Counseling Psychology, 14, 122-130.

Tinsley, H., Workman, K., & Kass, R. (1980). Factor analysis of the domain of client expectancies about counseling. Journal of Counseling Psychology, 27, 561-570.

Varias, R. (1965). Psychiaty and the Filipino personality. In Symposium on the Filipino personality (pp. 17-22). Manila: Psychological Association of the Philippines.

Westermeyer, J. (1988). DSM-III psychiatric disorders among Hmong refugees in the United States: A point prevalence study. American Journal of Psychiatry, 145, 197-202.

Yamamoto, J., James Q., & Palley, N. (1968). Cultural problems in psychiatric therapy. Archives of General Psychiatry, 19, 45-49.

Yeh, M., Eastman, K., & Cheung, M. (1994). Children and adolescents in community health centers: Does the ethnicity or the language of the therapist matter. Journal of Community Psychology, 22, 153-163.

Yuen, R., & Tinsley, H. (1981). International and American students' expectancies about counseling. Journal of Counseling Psychology, 28, 66-69.

Zane, N. (1991). An empirical examination of loss of face among Asian Americans.

Unpublished manuscript, Graduate School of Education, University of California, Santa Barbara.

Zane, N., Enomoto, K., & Chun, C. (1994). Treatment outcomes of Asian and White American clients in outpatient therapy. Journal of Community Psychology, 22, 177-191.

Zane, N., Hatanaka, H., Park, S., & Akutsu, P. (1994). Ethnic-specific mental health services: Evaluation of the parallel approach for Asian American client. Journal of Community Psychology, 22, 68-81.

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